

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046727

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 280

FILED DEC 6 1963

| | | | |
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| 1. PLACE OF DEATH a. COUNTY SCOTT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON | | c. CITY OR TOWN EAST PRAIRIE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shuffitt Nursing Home | | d. STREET ADDRESS (If outside, give location) 712 Washington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last Charles Henry Walker | | | 4. DATE OF DEATH Month Day Year Nov. 23 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-23-1875 | 9. AGE (last birthday) 88 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and state or country) Crittendon Co. Ky. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Dan Walker | | 13b. MOTHER'S MAIDEN NAME Georgia Ann Burton | |
| 14. NAME OF HUSBAND OR WIFE Ella Walker | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Unknown | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Ella Walker, East Prairie, Mo. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 10 min. | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Prostate. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> OMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 8/22/63 to 11-22-63 and last saw him alive on 11-22-63 Death occurred at 2:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE E. D. Urban, M.D. | | 22b. ADDRESS Sikeston | |
| 22c. DATE SIGNED 11-28-63 | | | |

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|--|--------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-25-1963 | 23c. NAME OF CEMETERY OR CREMATORY W.O.W. Cemetery | 23d. LOCATION (City, town, or county) (State) East Prairie, Missouri |
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|---|---|---|
| 24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo. | 25. DATE RECD. BY LOCAL REG. Dec 4 1963 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

| | | | | | | | | | | | | | |
|---------------------|---------------|---------------|---|------------|------------|---|------------|------------|------------------|----|----|----------------|--------------|
| VS 300 Rev. 4/59 | 1 1007 | 2 0671 | 3 | 4 0 | 5 1 | 6 | 7 1 | 8 2 | 9 4/20/11 | 10 | 11 | 12 86-1 | 13 20 |
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Travis Shelby Jr

Licensed Embalmer No. 4940

P. O. Address

East Prairie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received Nov 23-63